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ON THE ANÆMIA OF CHILDREN.

BY PROF. MAUTHNER, OF VIENNA, IN "JOURNAL FOR DISEASES OF CHILDREN."

[Translated for the Boston Medical and Surgical Journal from the *Union Médicale*.]

INTERMITTENT fever produces anæmia, while the latter as frequently causes intermittent fever. In either case, quinine is the real panacea. In cases which are more advanced, the citrate of iron and quinine, recommended by Dr. Charles West, gives the best results. Among other causes of anæmia in early infancy, is the diarrhoea accompanying dentition, which is often too much neglected; slight diarrhoea, even, sometimes may produce serious results.

Sometimes anæmia shows itself under a typhoid aspect. The arterialization of the blood is diminished, and its venous quality prevails. Hence, in the beginning, the liver and spleen of anæmic children are in a state of hyperæmia, but they afterwards become anæmic. On the other hand, those organs which in the normal state receive a large proportion of arterial blood, such as the brain, the lungs, and the heart, are filled with venous blood. In consequence, the superficial capillaries contain but little blood, the circulation becomes feeble, and is finally arrested. Innervation diminishes by degrees, and at last, symptoms of coma and dyspnea supervene.

Children who are weaned too early, or who are stuffed with porridge, revalenta, &c., often become sick, without having any well-defined malady. They cough, but nothing can be discovered in the lungs; sometimes they lie in a drowsy state, the face pale and puffed; sometimes they are quite gay. The fecal discharges are of a dirty-white color, and of an acid smell, the urine is limpid and abundant, the pulse very frequent, the skin cool; there is vomiting of acid matters, and oppression. At a later period the complexion is yellow and pale, the sleep is interrupted and accompanied with perspiration. The children have an appetite, and are always wanting to eat, especially things which are sour or salt. The tongue is coated, the mouth filled with mucus. This state of things continues for weeks, and only ceases after a change of residence to the country, or when the teeth protrude through the gums. In these cases

there appears to be disease of the liver, whose point of departure is anæmia, caused by rapid growth or by dentition. This is met with not only among the children of the poorer classes, but also among the rich, whose parents, from excess of prudence, withhold from them a sufficient amount of food, or keep them on milk and sugar until the third year, and even after.

Attending school often becomes a source of anæmia in children, even when they are in good health, since it coincides with the period of the most rapid corporal development, and with the second dentition. Such a child presents the following tableau: his age is between 6 and 9 years; he likes school, is industrious, and is advanced in his intellectual development; he grows fast, but is lean, is easily fatigued, weeps at the least thing, and has pains and twitchings in the limbs. When up, he is pale and very chilly, but he feels well when in bed. There is no appetite, but a craving for salted meats, ham, bread, &c.; there are palpitations, flushes of heat, a slight cough, without stethoscopic phenomena, except puerile respiration, the urine is normal, the stools irregular. This state lasts for weeks, without the child being either well or ill. If no attention is paid to it, or if the physician is induced by the frequency of the pulse and the palpitation, to prescribe rigid diet, purgatives and sedatives, and forbid exercise, well-marked disease may easily follow. The tongue becomes then covered with a thick coat; the cervical and inguinal glands swell, the rapidity of the pulse increases, there is sleeplessness, prostration, a disposition to be easily frightened; the pallor and flabbiness of the skin is increased, whence sometimes follow prolapsus and hernia. The supervention, at a later period, of grave symptoms of the nervous or circulatory system, such as convulsions, gangrene, hysterical or hypochondriacal affections, depends upon the extent and rapidity with which the impoverishment of the blood takes place. These affections are prone to run into typhoid fever, or tuberculosis, although it is difficult to decide at the autopsy whether the germ of the disease did not already exist at the beginning.

The treatment of the anæmic conditions of children is often extremely difficult. The choice among the remedies is confined, they all act slowly, and are with difficulty assimilated; and yet it is often necessary to obtain a prompt action. Anæmic children are much more liable than others to congestions, and to violent inflammations, the re-actional phenomena of which are often so abundant that it is very difficult to discover the right line of treatment.

But even when children of good constitution are attacked by inflammatory diseases, it is sometimes necessary to combat a state of anæmia. It is often difficult to seize the moment for this intervention, when the inflammatory irritation is sufficiently quieted to allow the employment of a tonic and restorative medication. It is, moreover, of the greatest importance to ascertain this, since children do not support an impoverished state of the blood so long as adults. In fine, it is a bad sign when children become anæmic from the

commencement of an inflammation, especially a pneumonia ; and how often in such a case do we find, at the autopsy, the local disease advancing towards resolution, but at the same time such a poor state of the blood, such a diminution of its quantity, that we are justified in attributing the fatal result to this condition.

In these cases, by the timely administration of a soluble ferruginous preparation, the child is sometimes saved. Typhoid fever is sometimes accompanied by the same complication. One of the best remedies is the citrate of iron and quinine, in the dose of from two to three grains daily. The instinct of the patient sometimes guides the physician in this time of difficulty. M. Mauthner remarks that he shall never forget the case of a child of five years, in the last extremity after a typhoid enteritis, who revived after he had been allowed bread soaked in red wine, which was ardently craved by the little patient. The treatment, continued in this new direction, was followed by an unlooked-for result.

For the anæmia of new-born infants, which is often idiopathic, as has been well demonstrated by M. Hervieux, no means can compare to a good nurse ; it is a universal panacea. If the child is syphilitic, it is still the only remedy, so long as the disease is latent ; when it becomes manifest, the specific treatment must be employed. The best preparation, according to M. Mauthner, is the soluble mercury of Hahnemann, one sixth of a grain, daily, and increased, at the end of a week, to one third of a grain. If there are dyspeptic symptoms, he adds a little carbonate of magnesia ; if diarrœa be present, a little ipecacuanha. In cases of complete intolerance of the mineral, he employs the treatment by inunction ; from ten to twenty grains of mercurial ointment are spread on linen, and applied to the upper part of the abdomen. Mucous tubercles and syphilitic ulcers yield most readily to the application of a solution of corrosive sublimate, of one or two grains to the ounce.

Attention to the skin is very important in anæmic children. They should wear flannel in winter, and raw silk during the other seasons, next the skin, for they are very sensitive to cold, and have but little heat of their own. For the same reason they should not be bathed too often, and should never be allowed to remain in the water longer than a quarter of an hour. No attempt should be made to harden them too soon by cold water, they cannot endure it.

In anæmia during dentition, children should not be weaned. If they are already weaned, pure, unskimmed milk, from healthy cows, must be given them, diluted with water. Soups, and pap, with egg, are also beneficial. If moist cutaneous eruptions, especially eczema, supervene, the sores should be covered with cotton wadding, or with silk. Internally, may be given the extract of walnut leaves, with rhubarb, which is often more active than cod-liver oil, which is sometimes not well borne ; this formula, for example, may be used : Aleoholic extract of walnut leaves,  $\frac{3}{4}$  ij. ; aqueous tincture of rhubarb,  $\frac{3}{4}$  i. Two tablespoonfuls daily.

In general, rhubarb, by its tonic action on the liver, is a valuable medicine in these anæmic states.

When pure cod-liver oil is vomited, or discharged unaltered from the bowels, the following preparation often allows us to continue its use : Cod-liver oil, mucilage of gum Arabic, syrup of orange peel,  $\frac{3}{2}$  iv. ; infusion of leaves of the linden,  $\frac{3}{2}$  i. Three or four tea-spoonfuls daily.

Nothing is so efficacious in the venous congestions to which anæmic children so easily succumb, as sulphuric acid. They manifest themselves under the forms of cyanosis (affection of the heart), of periodical asphyxia (of the lungs), of clonic and tonic cramps (cerebral and spinal hyperæmia), and lastly, they occur in the capillaries of the intestinal mucous membrane, and betray themselves by the presence in the stools of a light bluish-green, and bluish-red color. The following formula is preferable for children : Dilute sulphuric acid, 10 drops; simple syrup, 1 ounce. Dose, a dessert-spoonful.

Acids are generally too much neglected in the practice of children. This formula, for instance, calms the inextinguishable thirst, while a continual application to the breast only increases the evil; it has rendered good service in several epidemics of whooping cough.

As we have already said, whilst intermittent fever often predisposes to anæmia, it is not uncommon to see anæmic children seized with intermittent fever. The autopsy frequently shows that the paroxysms are the result of a tuberculous crisis, derived from an anæmic condition. This unfortunate termination is sometimes prevented by the use of quinine, and country air, when the intermittent phenomena cease. In such cases, dyspncea and slight cough should be no obstacle to the administration of quinine, which often cures these symptoms, while emollient remedies are ineffectual.

Among the hygienic means, the strengthening and development of the muscular system by exercise, and gymnastics appropriate to the age of the child, must not be neglected. Deviations of the vertebral column may thus be anticipated, and cured, which all the orthopedic corsets in the world would only have aggravated.

We are ignorant of the manner in which iron acts in anæmia, and although learned men have seriously denied that this medicine is absorbed, experience speaks loudly in favor of its efficacy. The soluble preparations ought to be preferred; among them, the tincture of the chloride of iron, the ammoniated iron, the lactate, the citrate of iron and quinine. For several years M. Mauthner has employed, with great success, beef blood, evaporated to dryness in a water bath; it is an aliment containing iron in a natural organic combination, and easily assimilated. It will not succeed, however, when the digestive organs are too extensively diseased. Hence, the results have not been brilliant in the intestinal atrophy of young infants, and the most successful cases have been those of children somewhat older, who were anæmic in consequence of

typhoid fever, chronic diarrhoea or profuse suppuration. This extract is readily taken by children in the form of powder, or prepared in lozenges. Its action is always slow. The dose is one drachm, or less, daily.

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#### CASE OF VOMITING OF FORTY YEARS' DURATION.

BY JACOB BIGELOW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A LADY, now 79 years of age, has been at times under my care for the last 20 years. She reports that at the age of 39 or 40, she had a severe fever, on recovering from which she found herself unable to retain either food or liquid upon the stomach in any considerable quantity. She is confident that during the whole period of forty years, she has never retained a meal, but has vomited regularly at least three times a day. If she eats or drinks in irregular or intermediate hours, the material received is always thrown off, even if it be only a cup of tea or of water. The vomiting is easy, and without pain or great effort. The matter thrown up consists of the ingesta, having usually an acid taste. There is no bile, except during the presence of some temporary indisposition. She takes her food with relish, and in most instances throws it off quickly, being often obliged to leave the table abruptly for that purpose. If the vomiting is not complete, she occasionally drinks warm water to promote the evacuation and relieve uneasiness, especially at going to bed. She is confident that she ejects as much as she receives, but her daughter, who resides with her, thinks it may be three quarters as much. This last supposition is undoubtedly nearest the truth, and would leave for her support one quarter of each meal taken.

She is now in her eightieth year, having led an active life, in the enjoyment of a competent degree of health, except an occasional attack of acute disease. She has four times had severe erysipelas, attended in two instances with considerable sloughing. She has had dysentery more than once. Last spring she broke the os humeri and had an abscess in the shoulder. She is now in the enjoyment of fair health, the functions duly performed, and has made a journey of a hundred miles within a few months. She is confident that for the period which has been stated, including one half of her life, she has never retained a single meal.

I have never found any tumor, effusion or tenderness on pressure in or about the epigastric region, except the occasional effects of acute disease as above mentioned. Her habit has been generally spare, but otherwise her appearance, spirits and bearing are those of a person who has been benefited, rather than injured, by the smallness of the nutriment left for her support.

*Boston, October, 1856.*

## LOCAL APPLICATIONS IN THE TREATMENT OF ERYSPIELAS.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Med. and Surg. Journal.]

MUCH difference of opinion seems to exist among medical men in regard to the local treatment of erysipelas; and amidst this great diversity of sentiment, the student, as well as the young practitioner, must regret that medicine does not partake more of the principles of the exact sciences, so that the *practice* can be pursued with more positive results. If *authority* be taken, or *books* be consulted, he is led into a mist of doubt in reference to a selection of the most appropriate remedy. For, simply a layer of cotton, warm water, mucilaginous infusions, solution of acetate of lead, are recommended equally with tinct. iodini, collodion, nitrate of silver, or even a blister. Next are mentioned, perhaps, mercurial ointment, simple ointment or lard, Kentish ointment, solutions of chloride of lime, sulphate of iron, corrosive sublimate, creosote, &c.

Now, I have had considerable experience with many or all of these—and experimented with them too, with a view to test individual superiority—and am constrained to say that whilst no one application has proved infallible, or answered my expectations at all times, the tinct. of iodine is the most reliable, of the above, in counteracting the specific inflammation of erysipelas. But this application should be preceded by an emetic-cathartic, particularly in bilious cases (which mostly abound), followed by the muriated tincture of iron, held a specific by some, though honesty makes me say that, in my experience, it is only a specific *after* the bilious as well as the high inflammatory symptoms have been removed; and then quinine is equally effectual.

But my purpose in making these observations on erysipelas, was to introduce to the profession the use of an application that is seldom or never mentioned in the works of our standard authors, viz., tinct. lobeliae. A strong saturated tincture of the whole plant, applied by means of fine linen or muslin cloths, saturated, frequently renewed, I believe will prove more satisfactory than any of the above applications, acting on this inflammation specifically, as it does upon the inflammation induced by the *rhus toxicodendron*, which I hold is similar to the other—each alike capable of being arrested by this local application; the gastro-enteric affection being always attended to, not only in these, but in all affections.

## PROLONGED VITALITY OF SMALLPOX CONTAGION.

BY S. E. MCKINLEY.

IT is sometimes instructive, and at all times interesting to the *literati* in medicine, to read of remarkable eccentricities of things pertaining to medical science, whether they have a direct bearing upon *practical medicine*, the great *ultimatum* of the science, or upon the

intricate and diversified mazes of its theory. Whatever is commonplace, however momentous, is beheld with indifference, and scarcely merits, in the sovereign opinion of the multitude, a passing remark. On the contrary, whatever assumes the character of novelty, anything making a departure from the ordinary course of operations, is beheld with astonishment.

The terrors of yellow fever in one section of our country, are scarcely felt by its "fixed inhabitants;" yet yellow fever is none the less destructive because it is a household word there; nor is its cause any better known by reason of its frequent visitation; yet every person, almost, pretends to cure it. In some measure the same remark is applicable to cholera; but more especially is it so to that loathsome disease named after the presumptuous shepherd of king Alcithous—Syphilis. This demon has its centre everywhere, nor do the extremest bounds mark with any certainty the limits of a remotely probable circumference. It is ubiquitous; its habitat is everywhere; it descends from the lofty mansion to the dweller in the lowly cot, and in return radiates from the purlieus of vice, midst ribald congregations of abandoned wretches, to the polished inmate of the lordly palace. With all our familiarity with these "very popular" diseases, what do we know of them? We have been taught their pathology, arrest and cure; their eccentricities, peculiarities and caprices we know; we can go no farther. Reason has its legitimate province; a doctrine may be above and beyond, but not opposed to our reason.

Permit me to offer a familiar illustration of our defective, if not our positive, want of knowledge of the "*virus variolæ habitudo*." It goes to establish, beyond the remotest doubt, that atmosphere impregnated with the ethero-volatile principle of smallpox, may be confined in and hover about certain other things, and finally, after the lapse of years, induce the very disease from which it arose.

In the year 1851, smallpox prevailed somewhat extensively in Oglethorpe Co., Ga.; it was not confined to villages alone, but introduced itself upon the more rural inhabitants of the interior country, and disturbed the otherwise prevailing quiet. During this year, a family attacked by it, had, after their recovery, their house cleansed and white-washed, and all clothes worn by the sick either burned or destroyed. Notwithstanding this, it re-appeared in the same family last July, 1856.

Three years after the *first* visitation, the wife of the husband died, and quite recently he married again. The new wife, upon being installed empress of the household *de facto et de jure*, was inspired with similar sentiments to those of the redoubtable Crockett when first elected to Congress, viz., to "bring about a radical change in the judiciary." True to her ideas of reform, and to bring the household under the auspices of a different system of diplomacy, she instituted and brought into immediate action a host of legislative operations, which led to the most astounding developments. Bedclothes, coats, trowsers (old and new), vests, shirts, drawers,

stockings, hats, bonnets, shawls, dresses, &c., carpets, desks, bureaus, cupboards, and various other articles were disturbed in their quiet security, and exposed to the solar elements and soap and water. Very shortly after this tearing up of things, this universal exhumation, and when just about to enjoy the full fruition of the reform system, this amiable and good woman was taken with confluent smallpox, together with a servant, who did not have it in 1851. Neither wife nor servant had been from home, nor had any suspicious person been to see them. They had not been to or passed through any town. They lived five miles out in the country from Lexington, and had no intercourse whatever with any person from whom they could have taken it.—*Medical Examiner.*

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#### SEAWEED FOR FOOD.

[In a late number of the *New York Daily Times* we find the following notice of a subject which was brought before a medical class in that city, and which deserves the attention of the profession generally.—*Eds.*]

At the clinique of the College of Physicians and Surgeons on Monday, Professor Dalton discussed the subject of articles of diet prepared in part from seaweeds, or *Algæ*, for the use of that class of patients for whom *iodine* is indicated. The professor showed and distributed specimens of the preparations, such as biscuit and chocolate, together with the seaweeds which entered into their composition.

He stated that recent researches by Dr. John Davy and Professor Apjohn, of Trinity College, Dublin, had proved the great value of many varieties of *Algæ*, as articles of nutriment; that they had established, experimentally, the fact that they contain the *Protein* principles so necessary for the support of animal life, to a greater amount than even the best wheaten flour; that they abound in the phosphate of lime, and the fixed alkalies; and that they contain such quantities of *iodine* as should render them very valuable articles of food for persons laboring under scrofulous and tuberculous diseases.

The attention of Messrs. J. & I. Coddington, of this city, had been called by Professor Ellet to the subject of these researches and their results; and these gentlemen had formed and successfully carried out the idea of preparing articles of diet which should abound in the active principles of these *Algæ*, and should at the same time be palatable and digestible. For this purpose they have selected some of those seaweeds best adapted to the object in view; and after drying and grinding them, have incorporated them with other common esculent materials, such as flour and cocoa, and converted the mixtures into bread, biscuit, chocolate, and the like.

The preparations exhibited are certainly very palatable, and, as we are assured by gentlemen who have tried them, are entirely digestible. Their constitution was stated to be such that each biscuit,

weighing half an ounce, contained about one thirtieth of a grain of iodine; and that a similar amount was present in the quantity of chocolate required for each cup of the liquid beverage.

After some remarks upon the composition of cocoa, and the peculiar advantages of a combination of it with a natural iodine-bearing substance to produce an agreeable substitute for the cod-liver oil which is so offensive to most tastes and stomachs, Dr. Dalton concluded by observing that, although these preparations had not as yet been tried as to their medicinal efficacy, the principle involved in them was one which deserved the serious attention of the profession; and he hoped their merits would be fairly and fully tested.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 28th.—*Rupture of the Uterus, resulting fatally.*—Dr. CLARK reported the case.

The patient was 35 years of age, and had been in labor 36 hours with her third child. She had been attended for six hours previously by another physician. The pains were violent, and had ceased suddenly soon after the administration of ergot. When first seen by Dr. Clark, the skin was blue and covered with cold perspiration; there was also sighing; the patient did not complain of much pain. The abdomen was full, but the child could not be felt through the parietes. The pulse was 150. There was little haemorrhage. On examination a rupture was felt extending from the neck of the uterus, four or five inches up its posterior wall. The pelvis was small. The delivery of the child was effected, after considerable difficulty, by turning. The woman rallied a little during the operation; but died two hours after delivery, probably from the shock of the accident, as there was not sufficient haemorrhage to account for the prostration.

Dr. Clark further stated, in reply to Dr. Bowditch, that one drachm of ergot was given two hours before the rupture took place, also that in the two previous labors the patient was said to have been delivered with instruments; in one case, the forceps, in the other the perforator, having been used.

Dr. Bowditch asked if most of the cases of rupture of the uterus, which had been reported in this city, had not occurred where ergot had been given. In a case where the two previous labors had required instrumental aid, Dr. B. thought that common prudence would have dictated care, with reference to a medicine of this character; that the physician should have ascertained at the outset the death of the child, and at once have proceeded to act accordingly, to the operation of craniotomy if necessary; science enabling us to ascertain, in such cases, with comparative certainty in regard to the life of the fetus.

Dr. STORER stated, in reply to Dr. Bowditch, that he did not remember to have seen a case of rupture of the uterus which was traceable to the influence of ergot.

Dr. PUTNAM was inclined to doubt if this accident be often attributable to ergot.

With regard to the effects of this drug, Dr. Storer expressed a doubt

whether these were in proportion to the quantity taken by the patient. He had known half a drachm to produce as much effect as double that quantity; further stating that he did not expect the operation of this medicine under three quarters of an hour or thereabouts; although he had known a patient, after having been without pain for several hours, delivered in seven minutes after its exhibition.

Dr. MINOT had supposed its peculiar effects to follow repeated doses rather than a large dose given at one time.

Dr. Clark thought that the inertness of this medicine, in certain cases, might account for the slowness of its action.

AUGUST 11th.—*Vicarious Menstruation*.—Dr. GOULD related the case.

The patient was 25 years old. She took a severe cold ten years since; and about six years ago had erysipelas of the head and neck, from which time her health had been more or less deranged. She had also what she called a fever-sore upon the left leg, which proved to be an herpetic eruption, which commenced at the top of the calf and had travelled obliquely upwards nearly around the knee. From the surface thus affected, she had menstruated regularly, the blood oozing and sometimes running in streams from the part. She had also occasional bleeding at the nose, and from the gums. The sore had much improved, and the patient had gained strength under the influence of quinine and port wine.

AUG. 11th.—*Disease of the Kidney*. Case reported by Dr. STORER.

A woman aged 28 years entered the Hospital June 18th. She was confined thirteen months previously, her health having failed since that time; she had swelling, pain and tenderness of the abdomen; also amenorrhœa since the fourth month, when her child died; she had had frequent chills and heat, but seldom of late; she had much loss of flesh and strength, and had had slight cough for some time past. She had "pain and scalding in micturition, the urine being very scanty, turbid and high-colored, and was called upon to pass water perhaps as often as twenty times a day. These symptoms had decreased during the past three months." On examination, Dr. S. found the abdomen as above, with dulness on percussion; and "a large, hard, resisting body" filling up a large part of the left side of the abdomen; this body being regarded as an enlarged spleen. The urine examined on June 23d, was found to contain "a small deposit of white amorphous urates," but was not otherwise remarkable; no albumen. Patient gradually sank, and died Aug. 7th.

Dr. JACKSON made a very hasty examination, and found old tubercular peritonitis, with a considerable quantity of sero-purulent effusion. The *left kidney* was greatly enlarged and weighed 2 lbs. 6½ ozs. On incision it contained a great quantity of whitish-opaque, soft curdy matter, formed apparently in the dilated and diseased infundibula and pelvis; the substance of the kidney itself being nearly healthy; the *ureter* was also much diseased.

On examination by Dr. BACON, the substance found in the kidney proved to consist of a large amount of fatty matter in granules and globules, wholly obscuring its tissues. No tubercular corpuscles or pus globules were seen.

*Right kidney healthy.*

In the *left lung* was a small tubercular cavity, but otherwise these organs were sufficiently healthy.

AUG. 25th.—*Pleurisy; Great Contraction of the Chest; Autopsy*. Dr. ELLIS showed the specimen and reported the case.

The patient, an intemperate man, 40 years of age, had been employed for seven months before his death as carpenter in a brewery. He entered

the Massachusetts General Hospital on June 21st, having been attacked with pleurisy of the right side the night before. Six years previous he probably had a similar attack in the left side, as openings formed there, through which a large quantity of pus was discharged. After being sick a year, he recovered and resumed his usual work.

The respiration and pulse were very rapid at the time of his entrance, and he died on the following night, quite suddenly.

At the examination, two pints of serous pus, containing numerous yellow flakes, were found in the right pleural cavity, the walls of which were every where of a vivid red color, and coated with a thin layer of purulent lymph.

The left side of the chest was much contracted, particularly the upper half. There were two depressed cicatrices in front; one, two inches above, the other, an inch and a half below, the nipple. From the first a little serous fluid escaped.

The *diaphragm* was forced up, anteriorly, as high as the fourth intercostal space. The parts within the cavity of the chest formed a continuous mass, the compressed lung blending with the surrounding false membrane, in which its color was gradually lost. This membrane was, in parts, about an inch in thickness, fibrous, extremely dense and tough, and closely united to the parietes, the soft parts of which had also undergone a fibrous change, and were, externally, firmly adherent to the skin. In other words, the skin, parietes, false membrane and lung, were inseparably bound together. A probe, passed through the fistulous opening, entered a cavity in the posterior part of the chest, from one to two inches in diameter, extending from the first to the fourth rib. This had soft, dark-gray walls, and appeared to occupy the substance of the lung, but the latter blended in such a way with the adventitious tissue surrounding it, that it was impossible to determine the point precisely. No proper pulmonary tissue was seen posteriorly, but the color of the thin layer, intervening between the cavity and the dense false membrane, was the same as that noticed elsewhere, on the confines of the fibrous and pulmonary tissue.

There was some air in the apex of the *left lung*. The small portion remaining below, in which the pulmonary structure could still be traced, was soft and flaccid. It was gradually lost, as previously stated, in the false membrane surrounding it.

The *right lung*, though occupying a smaller space than usual, was still crepitant.

After maceration, the following changes were noticed in the left side of the thorax. The *spine*, in the upper part of the dorsal region, was curved to the left. The *ribs* were forced inward to such an extent that the distance from the spine to the extremity of the first rib was but  $2\frac{1}{4}$  inches; to the end of the third rib, 3 inches; to the end of the fourth rib,  $3\frac{1}{2}$  inches; to the sixth rib,  $4\frac{1}{2}$  inches. The ribs, from the third to the tenth inclusive, were much thickened, so that on the inside they had a triangular appearance, while externally they were flat as usual. The third, fourth, fifth and sixth had become remarkably thin from pressure against each other, the change commencing about midway and extending 3 or 4 inches outward. It seemed as if nature had endeavored to guard against contraction, by strengthening the ribs upon their concave side, but that the pressure had been sufficient to force the thickened ribs against each other and cause extensive absorption of their substance.

The *pericardial surfaces* were universally adherent, but separated with ease, the uniting tissue being delicate though old.

The *liver* was large, quite friable and very fatty. Weight 5 lbs. 7 ozs.

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### *Bibliographical Notices.*

*Prize Essay—The History and Statistics of Ovariotomy and the Circumstances under which the Operation may be regarded as safe and expedient.*

By GEORGE H. LYMAN, M.D., of Boston.

THE circumstance which more immediately led to the production of this book was the offer, through the liberality of one of the fellows of the Massachusetts Medical Society (his name unknown) of "the sum of One Hundred Dollars to the author of a dissertation which may be adjudged worthy of a prize, by a Committee appointed by the Councillors of the Society," on the subject named in the title above.

We cannot but feel assured that the liberal offerer of the prize is highly gratified with the results of his offer, and that we speak not only for ourselves, but for all, in expressing a pride that such a work should have been produced amongst us. Its first excellence, that strikes us from the beginning, is its *thoroughness*; apparently no authority has been passed by—no source of information been left untouched, and we have, in the first division of the subject, all that the earliest records of our profession yield, concerning the diseases for which ovariotomy has been suggested. A summary, with references to every authority quoted, is given of the various methods of treating ovarian disease:—pure medical treatment; paracentesis—the last combined with other treatment; incision; permanent opening in the cyst; injection of the cyst; and lastly, ovariotomy, or the extraction of the cyst. Under each of these divisions, every case pertaining to it is quoted with a reference to where it is to be found, and with illustrative remarks. In doing this, the author has not been content to take the cases at second hand, but has carefully traced them up to the original record of them; a piece of elaborate research which could have presented but little to encourage one in its pursuit, but which has evidently not been without its fruits. The inaccuracy of many cases, both as to their facts, and as to the deductions to be drawn from them, has been clearly shown. Others have been proved to be merely repetitions of previous ones, altered—most probably by misprint, in transferring them from one record to another; while some even have had to be thrown out entirely, as having no bearing upon the subject. The amount of labor thus expended, may be estimated when we mention there are exhibited first in detail, and then in a tabular form, three hundred cases of ovariotomy alone; giving, with each, every particular that can serve to illustrate the individual case.

Following this tabular view, is an enumeration of cases not coming strictly within the subject, but yet more or less bearing upon it, and illustrating certain points of it.

Next we have an analysis of the cases, or rather varied analyses of them; grouping them under every relation. These groupings are no less than twenty-two in number, giving strong assurance, by the very number, that the cases have been viewed in every aspect and relation.

We next have an examination of the comparative fatality of the operation of ovariotomy, comparing it with other capital operations in different

countries, and with the same operations also in the hands of different operators, and under different modes, both of preparation and of after-treatment. This section is particularly satisfactory; not, we mean, as showing the operation to be highly successful, for under the most favorable circumstances we dare not claim more than two out of three cases—but as enabling the operator to make a thorough estimate of the risks and advantages, to present to the patient and to the friends, if desirable, a perfectly definite and clear idea of the hazard to be encountered and the chances of benefit. Under this head, as in its proper place, comes the all-important question to be met by the analyses just mentioned, "Under what circumstances may the operation be regarded as safe and expedient?" This is answered by a still closer analysis of the various probable conditions of each case, throwing out, unhesitatingly, particular ones; pointing out the importance of complications occurring in others, and giving a carefully estimated value to peculiarities of others.

Another section is given to the diagnosis of ovarian tumors—the very starting-point in entertaining any particular case, and yet one upon which an examination of the history of these diseases will show that comparatively little that is definite has been achieved. As an illustration of this in the three hundred cases reported, there are seven in which no tumor existed. A list of the various conditions which can be mistaken for ovarian tumor is given, and each disease is afterwards taken up separately and examined in all those bearings under which it might be mistaken for a diseased ovary. In this comparison, we think the author has done himself as much credit as in any other part of his work; apparently leaving no source of information unconsulted, and displaying the results of his research in perspicuous, yet concise terms.

It is, of course, entirely out of our power, here, to make any extracts illustrative of our estimate of this admirable monograph; but we have endeavored to give an idea to the reader of what the publication professes to do, and to assure him it has carried out this profession most thoroughly—with an amount of research and diligent delving which we have seldom seen surpassed, and with an accuracy and clearness of expression which is well worthy of imitation. In short, though not claiming the high rank of a work of original observation or of metaphysical speculation, it is entitled by its own merits to the highest rank in the class to which it belongs.

W. E. C.

*Des Hématocèles Péri-utérines.* Par le Dr. T. GALLARD, &c. &c. &c.

*Eloge de F. L. I. Valleix.* Par le Dr. T. GALLARD, &c. &c. &c.

The pamphlets designated by the above titles, we have just received from their author.

*Peri-uterine haematocele* is one of those obscure corners of pathology, in the investigation of which M. Gallard has previously shown much skill and research. The present *brochure* upon that subject is worthy of its writer. We translate the following passage, which states the principal positions of M. Gallard upon the subject under consideration.

"The sole condition indispensable to the production of a [peri-uterine] haematocele is that there should be a lesion of the ovary, or even merely a congestion of this organ, in virtue of which congestion its vessels will have a greater tendency than otherwise to give way, and, once ruptured, to become the source of haemorrhage.

"*Inferences.*—1st. Hæmatocèle produced by retention of the menstrual

flux is extremely rare, constituting an exception, and taking place only when a mechanical obstacle obstructs the discharge of the menses.

" 2d. Spasmodic contraction of the uterine orifices cannot be considered a sufficient obstacle to the menstrual flow.

" 3d. The blood of retro-uterine hæmatocoele is furnished by the ovary or by the veins emerging from it.

" 4th. The determining causes of the hæmorrhage are various; but their influence is effectual only when the ovary is already congested.

" 5th. The rupture of a Graafian vesicle at the moment of spontaneous ovulation is sufficient to give rise to this hæmorrhage when congestion of the uterus already exists.

" 6th. We possess no means of ascertaining whether or not the detachment of a fecundated ovum will determine the effusion of blood more readily than that of an unimpregnated ovum.

" 7th. Peri-uterine hæmatocoele is most often intra-peritoneal, especially that which occurs after the rupture of a Graafian vesicle. It may, however, be extra-peritoneal, especially when of traumatic origin.

" 8th. The obliteration of the Fallopian tubes, met with in several cases, is the result of the inflammation induced by the presence of the sanguineous cyst; and is not, therefore, one of the causes of hæmatocoele, but a consequence of it." As to the treatment of hæmatocoele, M. Gallard seems to fall in with the advice of Nélaton, that incision of the tumor should only be employed in cases of absolute necessity, such accidents as peritonitis, purulent infection, and arterial injury having followed the operation, while in other cases spontaneous recovery has been the happy result of a masterly inactivity (*une prudente inaction*).

The following passages from M. Gallard's well-merited eulogy of M. Valleix, whose decease left a large void in Parisian medical circles, we have thought might not be uninteresting to the readers of this Journal. At the Hôpital Sainte-Marguerite "he had occasion to observe the unfavorable influence of the uterine displacements which he met with in many females. It happened to him many times to find no other lesion than the deviation itself to explain the numerous symptoms experienced by his patients. When there existed complications such as ulceration, engorgement, prolapsus, &c., which in the minds of many others would have been the whole disease, he saw the symptoms offer a degree of intensity but little greater than if the displacement had existed alone. With his eminently exact and practical mind, he could not avoid drawing from the comparison of these divers facts the necessary and inevitable conclusion that uterine displacement constitutes a pathological state against which the efforts of the practitioner should be directed." \* \* \* \* We can easily conceive that these views must have had great weight with one not fully impressed with the capability of slight degrees of inflammation or engorgement to produce symptoms of marked intensity.

M. Valleix, his eulogist goes on to say, was experimenting with various apparatus for the purpose of righting the displaced womb, when the papers of Prof. Simpson on the uterine sound and the intra-uterine stem-pessary began to be circulated in France. "He no sooner became acquainted with the course of procedure adopted by the able Edinburgh obstetrician than he hastened to imitate it. \* \* \*

" The last year of his life was somewhat saddened by the discussion of the Academy of Medicine upon uterine displacements. This discussion, started, so to speak, unawares to him, and of which he ended by paying

the cost, led, like many others, to no result, whether of approbation or the reverse. It is remarkable that during its course all those who attacked the therapeutical method of which Valleix was, not the inventor, but the promoter and representative in France, were precisely those who had never employed it; while, on the contrary, all those who had recourse to it, after having obtained sufficient knowledge of the manner of applying it, showed themselves its ardent and declared partizans.

"If this discussion influenced somewhat the practice of M. Valleix, it in no respect modified his convictions. With him uterine displacements were always serious affections, causing numerous troubles which replacement, effected by mechanical means, could alone remedy." \* \* \* "The subject was with him," however, "still under investigation, and could not be definitely decided. He strove still to elucidate it for himself, at the same time urging his friends to labor in the same direction."

In conclusion, we would second M. Gallard in bearing testimony to the thorough and lucid, yet concise manner in which the lamented Valleix lavished instruction upon those who followed him through the wards of La Pitié. The stranger, with no claim whatever upon him, received no less attention than his Parisian *élèves*.

L. P.

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*An Introduction to Practical Chemistry, including Analysis.* By JOHN E. BOWMAN, F.C.S., &c. Second American, from the second and revised London edition. Philadelphia: Blanchard & Lea. 1856. 12mo. Pp. 298.

MR. BOWMAN'S little work merits all praise for its conciseness, and for the plain and practical manner in which the various processes of analytical chemistry are explained. To the beginner in this department of science, we can recommend it as one of the best which can be put into his hands. It is abundantly supplied with excellent illustrations, without which no work on practical chemistry can be made intelligible to the student, and the experiments are such as render unnecessary a complicated or expensive apparatus. We could wish, however, that a chapter on the general laws of chemistry had been prefixed to the work, which would then have been an invaluable text book for the student in chemistry, who must now seek a preliminary acquaintance with the science by means of some other treatise, before studying the processes which illustrate its principles in Mr. Bowman's manual. May we not hope that the publishers will take this into consideration, before issuing a third edition, and thus still farther enhance the value of the work, as well as extend its sale? To be had in Boston of Messrs. Ticknor & Fields.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 30, 1856.

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### M. RICORD'S DOCTRINES.

Few diseases offer more interest to the scientific physician than syphilis. The peculiarity of the laws governing its different phases, in which there is still so much to be ascertained, the difficulties attending its diagnosis and treatment, the disastrous effects which sometimes follow its contraction, render the study of this malady one of unusual labor. To M. Ricord we are

indebted for much that we know respecting syphilis. Rejecting the theories of others, he applied himself to the study of the facts of the disease as they occurred under his observation, and from them deduced a series of laws which have been regarded by a considerable part of the medical world as unalterable as the laws of the Medes and Persians. If subsequent investigations have cast some doubt upon the doctrines established by this master, it shows how impossible it is, with any amount of intelligence and laborious research, to establish a perfect theory with regard to a disease so difficult of investigation as syphilis, the very existence of which is almost always a proof of immorality, one of whose symptoms, it is said, is *lying*, and whose phenomena are sometimes so obscure, that independently of any intention on the part of the patient to deceive, they offer every embarrassment to the observer.

The opinions of Ricord have varied at times respecting some of the most important articles of belief relating to the laws of syphilis. Thus, in his notes to Richelot's French translation of Hunter's works, he says that the non-indurated chancre has all the properties of the indurated one, both in respect to contagion and the production of secondary symptoms; but in his Letters on Syphilis, addressed to the editor of the *Union Médicale*, which may be said to contain his latest views, he holds a different opinion. Among the doctrines held by M. Ricord at the present time respecting syphilis, the following are the most important.

1. There are two kinds of chancre, that which has an indurated base and edges, and that which is a simple ulceration, destitute of hardness; the latter having the same relation to the former that the false vaccine-vesicle has to the true one. The indurated chancre is the sole source and origin of syphilis, and all secondary manifestations are but consequences flowing from it, and invariably preceded by it. The non-indurated, or simple chancre is never followed by constitutional symptoms. 2. A person who has once had an indurated chancre can never have another, and the same individual can never have secondary syphilis twice. 3. The secondary symptoms are not communicable by contagion.

Of these dogmas, the first is by far the most important in the results which follow from its observance or neglect, in the treatment of those affected with the non-indurated chancre. If it be true that the simple sore is never followed by secondary symptoms, we are not justified in subjecting the patient to a mercurial treatment for a disease which requires local applications only; but if this teaching be false, the neglect of constitutional treatment in every case of venereal ulcer would expose our patient to all the consequences of secondary syphilis. Grave doubts have arisen as to the truth of this law, and numerous instances have been cited by writers on syphilis in which chancres wholly free from induration have been followed by constitutional symptoms. According to Ricord, an indurated chancre always exists in such cases, though concealed in some other part of the body, and this has been found to be the case in certain instances, though by no means always. More careful observation has shown that the induration of the chancre depends in some measure upon its situation; thus chancres on the anus in men, and on the vulva in women, are rarely found indurated. We were led to doubt the innocent nature of the non-indurated chancre, by a case which came under our notice several years ago. A gentleman who had previously never had any venereal affection, contracted a chancre on the scrotum, after a suspicious connection. From the situation of the sore, it was easy to embrace it between the thumb and finger, and to be perfectly

sure that it was free from induration. No other chancre could be detected by a careful examination. Confident, at that time, that a non-indurated sore could not be followed by constitutional symptoms, we made local applications only, and assured the patient that he had nothing to fear. The chancre healed readily, but a few weeks afterwards the patient returned to us, covered from head to foot with a well-marked secondary eruption of copper-colored spots, having also ulcerations of the mucous membrane of the tongue and pharynx. The secondary symptoms yielded to a course of the protiodide of mercury. At the present time we believe that few partake of the opinion of M. Ricord as to the different effects of the indurated and the non-indurated chancre, in infecting the constitution.

The second law of Ricord that we have cited is, that a patient who has once had an indurated chancre, will not have another. To this law Ricord admits there may be exceptions, just as we sometimes meet with secondary cases of measles, scarlatina and especially variola. He thinks the exceptions are rare, however, since he has never met with an undoubted case. According to Ricord, the syphilitic diathesis once established, is rarely, if ever, extinguished, and the possibility of an indurated chancre being produced a second time, depends upon the disease having been previously eradicated. The experience of other observers, however, has been different, and it is believed that although the proposition holds good, as a general rule, it cannot be relied upon as accurate.

The transmission of secondary symptoms by contagion is a subject of the utmost practical importance. Ricord and Erasmus Wilson hold widely different views upon this question, the one denying that any manifestations of syphilis are contagious except chancre, the other maintaining that not only the various secretions may communicate the disease where no primary symptoms exist, but that the syphilitic eruptions may be transmitted by contact. In this case, as usual, the truth probably holds a middle ground. There seems to be no doubt that some of the forms of hereditary syphilis observed in young infants are contagious, in the literal sense of the word, and experiments have shown that certain forms of secondary disease, especially the so-called mucous tubercles and patches, may be re-produced by inoculation.

We have alluded to a very few of the doctrines of M. Ricord, our limited space compelling us to pass over other interesting points which are of scarcely less practical importance. In many of these particulars also, medical men are beginning to differ from the great authority, whose dicta were, until lately, held to be of almost absolute authority. No authority, however, should induce us to adopt principles which are clearly unsound, or to accept theories which will not bear the test of experiment and accurate observation. While the profession is indebted in no small degree to M. Ricord for the light which he has shed on this difficult subject, it is probable that time will introduce very considerable modifications in the doctrines which he has promulgated.

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#### THE MILK SICKNESS.

Dr. NATHAN REED, a very intelligent and thoroughly educated physician, formerly engaged in practice in Western Indiana, but forced to leave that locality on account of his health and ill fortune, and now residing at North Turner Bridge, Maine, has lately mentioned a few facts to us relative to the above affection, about which so little is known here. Dr. R. is entirely competent to give a detailed description of the disease, and we should sup-

pose it would well repay any medical association to furnish him the means of making further researches upon so obscure and difficult a topic. It would be highly creditable to any State society—our own even, notwithstanding this part of the country is free from the infliction—to be the source whence aid should be derived to effect a thorough examination of the subject. We trust Dr. R. will excuse us, if we present, without his knowledge, a portion of his remarks, which although desultory and only intended for ourselves, are worthy of note. He writes:—

"I lived in Western Indiana, in a region very subject to that peculiar toxic disease, the 'milk sickness,' and did what I could to investigate its causes and nature. It prevails in isolated districts, scattered over a wide extent of country—four or five States at least. It is very imperfectly understood by the profession at the West, and some even deny its existence as a distinct disease; but I think they are wrong in confounding it with the common endemic fever of the western country. There seems to my mind to be sufficient proof of its being a separate 'entity.' There is a good deal of negative evidence in regard to its cause. Chemical analysis, conducted with tolerable skill, seems to show that it is not a poisonous mineral in the water—botanical researches among suspected plants have not been any more successful—and its isolated character argues as strongly against a malarious origin. What success may be had in searching for a cryptogamic or animalcular cause, remains to be shown.

"If I had means, I would explore the principal 'milk-sick' regions during the winter, and try to collect some reliable information on the subject, especially by clinical and autopsic examination of its victims, both the human sufferers and brute animals affected by the disease. I should hope to gain something from chemical and microscopic examination of the blood, urine, and especially of the milk of the subjects of it, as there seems to be in the poison a strong elective affinity for the last-named secretion."

Dr. Reed is a graduate of the Berkshire Medical Institution, and *de jure* a member of the Mass. Medical Society, although he has never applied for admission. We feel sure that his researches into this imperfectly understood disease would be judiciously and thoroughly made, were the means furnished him; nor do we believe that the amount needed would be very large. That important information would be placed before the profession by his exertions, could they be sustained, we do not doubt; and we heartily recommend his suggestions to the attention of those who can by a moderate outlay obtain so desirable a result. An opportunity for worthily gained remuneration would also be afforded an estimable man, to whom any means acquired by his own labors will be peculiarly acceptable.

*Harvard University—Medical Lectures.*—The Introductory Lecture to the Annual Course will be delivered on Wednesday, November 5th, at 12 o'clock, M., at the Medical College in Grove street, by Professor Edward H. Clarke. Physicians and gentlemen interested in medical science are respectfully invited to attend.

*New York College of Physicians and Surgeons.*—The fifty-first session of this School was opened last week in the new building, corner of Fourth Avenue and Twenty-third street, by an address from Professor Gilman, on the relations existing between the legal and the medical professions, which was listened to with great interest and approbation by a large audience of ladies and gentlemen.

*State Medical Society of Mississippi.*—There will be a meeting of medical gentlemen from different parts of Mississippi, at Jackson, on Monday, Dec. 13th, for the purpose of organizing a State Medical Society.

*Accidental Tattooing.*—A correspondent of the *Chimie Médicale* states that the employment of black court plaster for uniting wounds, in children and persons with white and delicate skins, is sometimes followed by bluish-black marks, which are indelible. This result is especially liable to follow where the court. plaster is employed for contused and lacerated wounds. The writer recommends the use of adhesive plaster in these cases.

*Health of Boston.*—The city still remains in a very healthy state. The mortality of last week corresponds strikingly with that of the corresponding one of last year, the total of deaths being 77 for the one and 72 for the other; in each there were 14 deaths from consumption and 5 from croup; in the former, 6 from scarlet fever, in the latter 5 from measles. There are several cases of typhoid fever, but only 1 death.

*Medical Miscellany.*—The operation of ovariotomy is reported to have been performed recently by Dr. Nelson Winton, of Havana, N. Y. The tumor weighed 25 pounds, and the patient, an unmarried lady of 35, is recovering.—Professor Carnochan, of New York, is reported in the public papers to have performed, for the second time, the operation of exsection of the entire trunk of the second branch of the fifth pair of nerves, for the cure of neuralgia of the face.—A child with two heads was lately born in Bristol (Eng.), and was living July 31, five weeks after birth, when the case was reported to the British Medical Association.—A portrait of the philanthropist Howard adorns the walls of the Howard Association hall in New Orleans—ordered expressly by the Society in 1855.—A Congress of homœopathic medical men is to meet at Brussels on the 23d, and the most eminent homœopathists of Europe are expected to take part in the proceedings.

*Communications.*—Case of Polypus Uteri, successfully terminated without operation.—Pathology of Dentro-neuralgia.—Case of Infantile Epilepsy.

*Books and Pamphlets Received.*—A Guide to the Diseases of the Eye and their Treatment. For the use of Students and Young Practitioners. By Dr. F. A. von Moschzisker, Oculist and Auriat. Baltimore : Cushing & Bailey. [From the Publishers.]—Address delivered at the laying of the corner stone of the Insane Hospital, at Northampton, Mass. By Edward Jarvis, M.D. (From the Author.)

*MARRIED.*—In Roxbury, Dr. Joel Seavers, of West Roxbury, to Miss Jane M. Swain.—In Brooklyn, N. Y., Oct. 22d, James R. Graezen, M.D., to Mrs. Harriette A. Hertz, daughter of late Joseph W. Durfee, Esq.—At New Utrecht, Oct. 22d, Dr. A. B. Whiting, of New York City, to Miss Matilda A. Church.—In Pontiac, Michigan, 23d inst., Dr. J. M. Rhodes, of Ontonagon, Lake Superior, to Miss Lucy M. Sprague, of Boston.

*DIED.*—In Ashfield, 11th inst., Dr. Enos Smith, aged 86.

*Deaths in Boston* for the week ending Saturday noon, Oct. 25th, 77. Males, 34—females, 43. Accident, 2—apoplexy, 2—congestion of the brain, 1—burns, 1—consumption, 14—convulsions, 2—cholera infantum, 1—croup, 5—dysentery, 3—diarrhoea, 1—dropy in the head, 3—debility, 1—infantile diseases, 7—puerperal, 1—typhoid fever, 1—scarlet fever, 6—disease of the heart, 1—hemorrhage, 1—intemperance, 1—congestion of the lungs, 2—congestion of the lungs, 2—old age, 1—teething, 5—thrush, 4—unknown, 4—whooping cough, 1.

Under 5 years, 41—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 60—Ireland, 11—other foreign places, 6.

*A New Solution of Iodine in various Skin Diseases.* By Dr. MAX RICHTER.—The solution is made thus: Half an ounce of iodine is to be dissolved in an ounce of glycerine, and subsequently half an ounce of iodine is to be added, which completely dissolves in a few hours. In the experiments made with this solution, it was applied to the surface by means of a hair pencil: the part was then covered with guita percha paper, fixed at the edges with strips of plaster, so as to prevent the volatilization of the iodine. This was removed after twenty-four hours; and for a similar time, cold pledges were applied. Burning pain, more or less intense, but rarely of more than two hour's duration, was produced. The repetition of the painting depends on the appearance of the part and the amount of disease. The conclusions of the author are—1. That the iodine thus applied acts as a caustic. 2. That while it possesses considerable curative powers in respect of serofulous and syphilitic affections, it is especially useful in lupus. 3. That the solution dissipates even deeply-seated tubercles of lupus, and may be applied for this purpose to the most tender surface without fear of eroding it. 4. That when the solution was applied only to a part of a diseased surface, the remainder was, nevertheless, influenced. 5. That it is particularly serviceable to large and superficial sores. 6. That after a series of paintings, and when the sore was almost healed, the local pains greatly increased in intensity.—*Wochenblatt der Zeitschrift, &c.—Amer. Jour. Med. Sciences.*

*Topical Use of Calomel in Fistula in Ano.*—Dr. J. M. Williams, of Sommerville, Tenn., reports (New Orleans Medical and Surgical Journal, November, 1855) a case of complete fistula in ano, which resisted injections of tincture of iodine, solutions of nitrate of silver, sulphate of copper, of zinc, &c., and which was cured by the introduction of calomel into the sinus. The calomel was inserted into a small tube which was afterwards carried to the bottom of the fistula, and there the calomel was pressed out by means of a piston. In this way he filled the fistula full daily. In a short time a cure was effected.—*Monthly Stethoscope and Medical Reporter.*

*Medical Witnesses' Expenses. Special Agreement.*—At the Southampton (Eng.) County Court, an action was brought by Mr. Weston, Surgeon, of Shirley, to recover an account, in which the only disputed item was a charge of 12 guineas for attendance for four days at the assizes at Winchester, to give evidence in a case of criminal assault on the daughter of defendant. The plaintiff had not been examined by the magistrates, nor subpœnaed, and he refused to attend at the assizes, unless on a special agreement that he should be paid his expenses and two guineas a day. The solicitor for the defendant said that, though the plaintiff was not subpœnaed, he went to Winchester in the character of a witness, and was entitled to no more than the county allowance, £4 11s. 6d., which he had received. After a legal argument of some length, his Honor said, the proof as to the special agreement was unanswerable, and directed payment of the whole amount.—*Med. Times and Gazette.*

*Danger of Iodine Injections in Hydrocele.*—M. Gosselin made an interesting communication to the Society of Biology, on the 24th of May. He has ascertained that in three cases where, after the death of patients, he has examined the testicles, there is a peculiar danger in employing iodine injections in the vaginal cavity as a means of curing hydrocele. This danger consists in the absence of the secretion of a sperma fit for fecundation. In these three cases, no spermatozoa were found in the seminal vesicle of the side, where a hydrocele had been treated by iodine injections. In experiments upon dogs, M. Gosselin has found, also, that after such injections, the production of spermatozoa does not take place, and that the testicle becomes pale and smaller than before.—*Ibid.*

*Statistics of Myopia.*—M. Devot states that of 3,295,202 young men examined in France for military service, during 19 years, from 1831 to 1849, 13,007 were exempted for myopia.—*Gaz. Med. de Paris*, May, 1856.

*Medical Science.*—The Sultan has authorized the formation of a Medical Society at Constantinople, and has sanctioned its title as the Imperial Medical Society of Constantinople. The new Institution was started by the English medical men at Scutari.—*Charleston Medical Journal and Review.*